VIV 444 UHOUGH 7/31/7006, OMB 0651-0032 U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1). (Column 1). SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED HUMBER EXTRA RATE (\$) FEE (1) BASIC FEE FEE (1) NA 07 CFR 1 10(0) 101 0 (C) NIA NA 150.00 N/A 300.00 SEARCHFEE 107 CFR 1 16(N. 14. or (m)) NIA NA \$250 N/A \$500 **EXAMINATION FEE** N/A (A) CFR-1 16(0). (p). or (Q) N/A NA \$100 NA \$200 TOTAL CLAHAS **D7-CFR** 146(1) X\$ 25 minus 20 = X\$50 OR INDEPENDENT CLAIMS 637 CFR 1 16(N) X100 C summ X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each 07 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) +180= **+360*** If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3): OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADDI-06 RATE (1) AFTER PREVIOUSLY **EXTRA** ADO(-IAMOIT AMENDMENT PAID FOR TIONAL FEE (1) Total CH CHA LH FEE (1) Minus X\$ 25 X\$50 **O**R Independent OFR LIGHT Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(1)) **+180**= +360= OR TOTAL TOTAL ADO'L FEE ADD'L FEÉ (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADOI-RATE (\$) ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL FEE (5) PWENDMENT AMENDMENT TIONAL PAID FOR FEE (#) Total Minus X\$ 25 X\$50 OR Andependent GIT CFR 1.14(h)) Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360≥ OR TOTAL TOTAL OR

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Highest Number Previously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1

soldection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the TO to process) an application. Confidentiality is poverned by 35 U.S.O. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete. rding gallering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the graining, property, and community the competed apparentment of the transfer of the property of the partial of the policy of the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

ADD'L FEE

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "or in column 3.